

<i>SERFF Tracking Number:</i>	<i>AMGN-125727399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American General Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>39570</i>
<i>Company Tracking Number:</i>	<i>AGLA 08455</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>AGLA 08455 Paid-Up Term Life Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>AGLA 08455 Paid-Up Term Life Insurance Policy/AGLA 08455</i>		

Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: AGLA 08455 Paid-Up Term Life Insurance Policy
 SERFF Tr Num: AMGN-125727399 State: ArkansasLH

TOI: L08 Life - Other	SERFF Status: Closed	State Tr Num: 39570
Sub-TOI: L08.000 Life - Other	Co Tr Num: AGLA 08455	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Marilyn Ellis	Disposition Date: 07/15/2008
	Date Submitted: 07/09/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: AGLA 08455 Paid-Up Term Life Insurance Policy
 Project Number: AGLA 08455
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: This form was submitted to our domicile state of Tennessee on 7/9/08.

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Market Type: Individual
 Group Market Size:
 Group Market Type:

Filing Status Changed: 07/15/2008
 State Status Changed: 07/15/2008
 Corresponding Filing Tracking Number: AGLA 08455

Deemer Date:

Filing Description:
 AGLA 08455 Paid-Up Term Life Insurance Policy

SERFF Tracking Number: AMGN-125727399 State: Arkansas
 Filing Company: American General Life and Accident Insurance State Tracking Number: 39570
 Company
 Company Tracking Number: AGLA 08455
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: AGLA 08455 Paid-Up Term Life Insurance Policy
 Project Name/Number: AGLA 08455 Paid-Up Term Life Insurance Policy/AGLA 08455

The above form is being submitted for your consideration and approval. It is new and does not replace any form previously approved by your Department.

AGLA 08455 is an individual nonparticipating policy providing paid-up term life insurance to the Insured's age 25. It is issued separately on the life of each surviving child of a deceased basic Insured, if the deceased Insured's policy is on a 2001 CSO Mortality basis and Children's Term Life Insurance Rider form AGLA 20140-1 is a part of the policy. (Rider AGLA 20140-1 was approved by your department on March 8, 2005). There is no premium charge for the issue of AGLA 08455.

The Flesch score for AGLA 08455 meet minimum readability standards and is 54.9.

Company and Contact

Filing Contact Information

Kathryn Mitchell, Manager kathryn_mitchell@aigag.com
 American General Center (615) 749-1139 [Phone]
 Nashville, TN 37250-0001 (615) 749-2521[FAX]

Filing Company Information

American General Life and Accident Insurance CoCode: 66672 State of Domicile: Tennessee
 Company
 American General Center Group Code: 12 Company Type:
 Nashville, TN 37250-0001 Group Name: AIG State ID Number:
 (615) 749-1139 ext. [Phone] FEIN Number: 62-0306330

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 policy x \$50 = \$50.00
 Per Company: No

SERFF Tracking Number:	AMGN-125727399	State:	Arkansas
Filing Company:	American General Life and Accident Insurance Company	State Tracking Number:	39570
Company Tracking Number:	AGLA 08455		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	AGLA 08455 Paid-Up Term Life Insurance Policy		
Project Name/Number:	AGLA 08455 Paid-Up Term Life Insurance Policy/AGLA 08455		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance Company	\$50.00	07/09/2008	21319480

SERFF Tracking Number: AMGN-125727399 State: Arkansas
Filing Company: American General Life and Accident Insurance State Tracking Number: 39570
Company
Company Tracking Number: AGLA 08455
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Product Name: AGLA 08455 Paid-Up Term Life Insurance Policy
Project Name/Number: AGLA 08455 Paid-Up Term Life Insurance Policy/AGLA 08455

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/15/2008	07/15/2008

SERFF Tracking Number: *AMGN-125727399* *State:* *Arkansas*
Filing Company: *American General Life and Accident Insurance Company* *State Tracking Number:* *39570*
Company Tracking Number: *AGLA 08455*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *AGLA 08455 Paid-Up Term Life Insurance Policy*
Project Name/Number: *AGLA 08455 Paid-Up Term Life Insurance Policy/AGLA 08455*

Disposition

Disposition Date: 07/15/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMGN-125727399 State: Arkansas

Filing Company: American General Life and Accident Insurance Company State Tracking Number: 39570

Company Tracking Number: AGLA 08455

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: AGLA 08455 Paid-Up Term Life Insurance Policy

Project Name/Number: AGLA 08455 Paid-Up Term Life Insurance Policy/AGLA 08455

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Actuarial Memorandum		No
Form	Paid-Up Term Life Insurance Policy		Yes

SERFF Tracking Number: AMGN-125727399 State: Arkansas

Filing Company: American General Life and Accident Insurance Company State Tracking Number: 39570

Company Tracking Number: AGLA 08455

TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other

Product Name: AGLA 08455 Paid-Up Term Life Insurance Policy

Project Name/Number: AGLA 08455 Paid-Up Term Life Insurance Policy/AGLA 08455

Form Schedule

Lead Form Number: AGLA 08455

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA 08455	Policy/Cont Paid-Up Term Life ract/Fratern Insurance Policy al Certificate	Initial		55	AGLA08455.pdf

American General Life and Accident Insurance Company

A subsidiary of American International Group, Inc.
American General Center • Nashville, Tennessee 37250-0001
(A STOCK COMPANY)
1-800-888-2452

American General Life and Accident Insurance Company Agrees:

- To pay the Death Benefit to the Beneficiary if the Insured dies before the Termination Date; and
- To provide the Owner with the other rights and benefits of this Policy.

These agreements are subject to the provisions of this Policy.

This Policy is a legal contract between You, the Owner, and Us, American General Life and Accident Insurance Company. As with any other contract, You should **READ THIS POLICY CAREFULLY**.

We, Us and **Our** refer to American General Life and Accident Insurance Company. **You** and **Your** refer to the Owner of this Policy.

POLICY SCHEDULE	
INSURED <u>John Doe, Jr</u>	POLICY NUMBER <u>123456789</u>
DATE OF BIRTH <u>8/1/1998</u>	POLICY DATE <u>8/1/2008</u>
FACE AMOUNT <u>\$2,500</u>	TERMINATION DATE <u>8/1/2025</u>
OWNER <u>Jane Doe</u>	
BENEFICIARY <u>Jane Doe</u>	
ORIGINAL POLICY: POLICY NUMBER <u>12345678</u> DATE OF APPLICATION <u>8/1/2002</u>	

This Policy is issued in consideration of the surrender of the Original Policy in accordance with its terms. Signed for American General Life and Accident Insurance Company at Nashville, Tennessee.


SECRETARY


PRESIDENT

PAID-UP TERM LIFE INSURANCE POLICY

INSURANCE PAYABLE AT DEATH OF INSURED BEFORE THE TERMINATION DATE
NONPARTICIPATING

CASH VALUES PER \$1,000 FACE AMOUNT

Values are proportionately greater if the Face Amount is greater than \$1,000

Male Attained Age	Male Insured's Age on Termination Date (See Page 1)																								
	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
0	6.99	6.67	6.34	6.01	5.66	5.29	4.92	4.53	4.16	3.81	3.50	3.25	3.04	2.86	2.70	2.55	2.41	2.26	2.11	1.95	1.79	1.62	1.42	1.13	0.71
1	6.60	6.27	5.93	5.57	5.20	4.82	4.43	4.03	3.63	3.27	2.94	2.67	2.46	2.26	2.10	1.95	1.79	1.64	1.48	1.31	1.14	0.97	0.76	0.45	0.01
2	6.46	6.11	5.75	5.38	5.00	4.59	4.18	3.76	3.34	2.96	2.62	2.34	2.11	1.91	1.73	1.57	1.41	1.25	1.08	0.91	0.73	0.55	0.32	0.00	
3	6.45	6.08	5.71	5.32	4.91	4.49	4.05	3.61	3.17	2.77	2.41	2.12	1.88	1.66	1.48	1.31	1.15	0.98	0.80	0.62	0.43	0.23	0.00		
4	6.53	6.14	5.75	5.34	4.91	4.47	4.01	3.54	3.08	2.66	2.29	1.98	1.73	1.50	1.31	1.13	0.96	0.78	0.59	0.40	0.20	0.00			
5	6.64	6.24	5.82	5.39	4.94	4.48	4.00	3.51	3.02	2.58	2.19	1.86	1.60	1.36	1.16	0.97	0.79	0.60	0.41	0.20	0.00				
6	6.76	6.34	5.90	5.44	4.97	4.48	3.98	3.47	2.96	2.50	2.08	1.74	1.46	1.21	1.00	0.81	0.61	0.42	0.21	0.00					
7	6.87	6.43	5.97	5.49	5.00	4.48	3.95	3.42	2.88	2.40	1.96	1.60	1.31	1.05	0.82	0.62	0.42	0.21	0.00						
8	6.99	6.53	6.04	5.54	5.02	4.48	3.93	3.36	2.80	2.29	1.83	1.45	1.15	0.88	0.64	0.43	0.21	0.00							
9	7.12	6.63	6.12	5.60	5.05	4.48	3.90	3.30	2.72	2.18	1.70	1.30	0.98	0.70	0.45	0.22	0.00								
10	7.24	6.72	6.19	5.64	5.07	4.47	3.86	3.24	2.62	2.05	1.55	1.13	0.80	0.49	0.23	0.0									
11	7.36	6.82	6.26	5.68	5.08	4.45	3.81	3.15	2.51	1.91	1.38	0.94	0.59	0.27	0.00										
12	7.44	6.87	6.28	5.68	5.05	4.39	3.71	3.02	2.34	1.72	1.16	0.70	0.33	0.00											
13	7.47	6.87	6.25	5.61	4.95	4.26	3.55	2.83	2.11	1.46	0.87	0.39	0.00												
14	7.44	6.81	6.16	5.49	4.79	4.07	3.32	2.56	1.81	1.12	0.51	0.00													
15	7.28	6.62	5.94	5.23	4.50	3.74	2.95	2.16	1.37	0.64	0.00														
16	6.97	6.28	5.56	4.82	4.05	3.25	2.43	1.59	0.76	0.00															
17	6.52	5.79	5.04	4.27	3.46	2.62	1.75	0.87	0.00																
18	5.94	5.18	4.39	3.57	2.72	1.84	0.93	0.00																	
19	5.27	4.47	3.63	2.78	1.89	0.96	0.00																		
20	4.54	3.69	2.82	1.91	0.98	0.00																			
21	3.74	2.85	1.93	0.99	0.00																				
22	2.90	1.96	1.00	0.00																					
23	2.00	1.02	0.00																						
24	1.03	0.00																							
25	0.00																								

Female Attained Age	Female Insured's Age on Termination Date (See Page 1)																								
	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
0	4.36	4.20	4.04	3.87	3.70	3.53	3.35	3.18	3.00	2.83	2.66	2.49	2.33	2.19	2.05	1.91	1.78	1.64	1.50	1.36	1.22	1.07	0.90	0.70	0.41
1	4.15	3.98	3.81	3.64	3.46	3.28	3.09	2.91	2.72	2.54	2.36	2.19	2.02	1.87	1.72	1.58	1.44	1.30	1.14	1.00	0.85	0.69	0.52	0.30	0.00
2	4.04	3.86	3.69	3.50	3.32	3.13	2.93	2.73	2.54	2.35	2.17	1.98	1.80	1.64	1.49	1.34	1.20	1.04	0.88	0.73	0.58	0.41	0.22	0.00	
3	4.01	3.82	3.64	3.44	3.25	3.05	2.84	2.64	2.43	2.23	2.04	1.85	1.66	1.49	1.33	1.17	1.02	0.86	0.69	0.53	0.37	0.20	0.00		
4	4.00	3.81	3.61	3.41	3.20	2.99	2.78	2.56	2.35	2.14	1.94	1.73	1.54	1.36	1.19	1.03	0.87	0.70	0.52	0.35	0.19	0.00			
5	4.01	3.81	3.60	3.39	3.17	2.95	2.72	2.50	2.28	2.05	1.84	1.62	1.42	1.23	1.05	0.88	0.72	0.54	0.35	0.18	0.00				
6	4.03	3.81	3.60	3.37	3.14	2.91	2.68	2.44	2.21	1.97	1.75	1.52	1.31	1.11	0.92	0.74	0.57	0.38	0.19	0.00					
7	4.03	3.81	3.58	3.35	3.11	2.87	2.62	2.37	2.12	1.88	1.64	1.40	1.18	0.97	0.77	0.59	0.40	0.20	0.00						
8	4.02	3.78	3.55	3.30	3.05	2.79	2.53	2.27	2.01	1.76	1.51	1.26	1.02	0.81	0.59	0.40	0.20	0.00							
9	4.01	3.76	3.51	3.25	2.99	2.72	2.44	2.17	1.90	1.63	1.37	1.11	0.86	0.63	0.41	0.20	0.00								
10	3.99	3.73	3.47	3.20	2.92	2.64	2.35	2.06	1.78	1.49	1.22	0.95	0.69	0.45	0.21	0.00									
11	3.97	3.69	3.42	3.13	2.84	2.55	2.24	1.94	1.64	1.34	1.06	0.77	0.49	0.24	0.00										
12	3.91	3.62	3.33	3.04	2.73	2.42	2.10	1.78	1.47	1.16	0.85	0.55	0.26	0.00											
13	3.83	3.53	3.23	2.91	2.59	2.26	1.93	1.59	1.27	0.94	0.62	0.30	0.00												
14	3.71	3.39	3.07	2.74	2.40	2.06	1.71	1.36	1.01	0.67	0.33	0.00													
15	3.54	3.21	2.88	2.53	2.17	1.82	1.45	1.08	0.71	0.35	0.00														
16	3.35	3.00	2.65	2.29	1.91	1.54	1.15	0.76	0.38	0.00															
17	3.12	2.76	2.39	2.00	1.61	1.22	0.81	0.40	0.00																
18	2.86	2.47	2.09	1.69	1.27	0.86	0.43	0.00																	
19	2.55	2.15	1.74	1.32	0.89	0.45	0.00																		
20	2.21	1.79	1.36	0.91	0.46	0.00																			
21	1.84	1.39	0.94	0.48	0.00																				
22	1.43	0.96	0.49	0.00																					
23	0.99	0.50	0.00																						
24	0.52	0.00																							
25	0.00																								

Index

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OWNER

The Owner of this Policy is as stated in the Policy Schedule, unless later changed. A minor Insured who is not the Owner will automatically become the Owner on his or her 18th birthday or on the death of the Owner, whichever occurs earlier. You may have this Policy endorsed so that this change of ownership will occur at a different time. You must request this endorsement before the Insured's 18th birthday.

As Owner, You may exercise all rights in this Policy while the Insured is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) Your legally appointed Guardian; or
- (b) if no Guardian has been legally appointed, a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You want to request a payment, change a Beneficiary, change an address or request any other action by Us, You should do so on the forms prepared for each purpose. You may get these forms from one of Our local agents or directly from Our Home Office.

BENEFICIARY

The Beneficiaries for this Policy are as stated in the Policy Schedule, unless later changed. Each Beneficiary is classified as a First or Second Beneficiary. All surviving Beneficiaries of the same class will share equally in any payments to that class, unless otherwise stated.

We will pay the Death Benefit under this Policy to any First Beneficiaries surviving the Insured. If no First Beneficiaries survive the Insured, We will pay any Second Beneficiaries surviving the Insured. If no stated Beneficiary is living when the Insured dies, We will pay:

- (a) the executor or administrator of the Insured's estate; or
- (b) the spouse, child or parent of the Insured who We determine is entitled to payment.

If any Beneficiary is without legal capacity, We can pay his or her share of the Death Benefit to any person who We determine is responsible for his or her welfare and support. Such payment will discharge Our liability for that payment.

CHANGE OF OWNER OR BENEFICIARY

While the Insured is living, You may change:

- (a) the Owner; or
- (b) a Beneficiary designation that is not restricted by a previous designation.

We can require that any change be endorsed on Your Policy. Any change will be effective as of the date the change request was signed, except that it will not apply to any payment We make or any action We take before We record the request in Our Home Office.

DEATH BENEFIT

The Death Benefit is the Face Amount stated in the Policy Schedule.

If the Insured dies before the Termination Date stated in the Policy Schedule and while this Policy is in force, We will pay the Death Benefit to the Beneficiary after We receive due proof of death and a proper written claim.

CASH VALUE

The "Cash Value Per \$1,000 Face Amount" for this Policy is shown on Page 2. If the Face Amount is greater than \$1,000, Cash Values are proportionately greater. The Cash Value on any birthday of the Insured is the net single premium for future benefits. The Cash Value between birthdays depends on the time elapsed since the last birthday. The Cash Value within 30 days after a policy anniversary will not be less than it was on that anniversary.

Cash Values are based on the Commissioners 2001 Standard Ordinary Mortality Table, adjusted for age last birthday. Continuous functions are used with interest of 5.0% per year. Cash Values are equal to or more than those required by law. A detailed statement of the method of computing Cash Values has been filed with the insurance supervisory official of the state in which this Policy is delivered.

CASH SURRENDER

You may surrender this Policy for its Cash Value at any time while the Insured is living. We can defer payment of the Cash Surrender for up to six months from the date We received Your request.

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

A subsidiary of American International Group, Inc.

American General Center • Nashville, Tennessee 37250-0001

ASSIGNMENT

You may assign this Policy. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We are not bound by an assignment unless it is in writing and We have recorded it at Our Home Office. We will not be responsible for the validity of any assignment.

THE CONTRACT

This Policy is the entire contract. No change in this Policy is valid unless it is in writing and signed by one of Our officers. No agent or other field representative has authority to change or waive any policy provision.

INCONTESTABILITY

We will not contest this Policy after it is in force on the Policy Date shown in the Policy Schedule.

POLICY IN FORCE

This Policy will not be in force if:

- (a) the Insured was 18 years of age or older on the Date of Application for the Original Policy;
or
- (b) death occurs before the Insured is 7 days old.

Otherwise this Policy will be in force on the Policy Date shown in the Policy Schedule.

NONPARTICIPATION

This Policy is nonparticipating.

PAID-UP TERM LIFE INSURANCE POLICY

**INSURANCE PAYABLE AT DEATH OF INSURED BEFORE THE TERMINATION DATE
NONPARTICIPATING**

SERFF Tracking Number:	AMGN-125727399	State:	Arkansas
Filing Company:	American General Life and Accident Insurance Company	State Tracking Number:	39570
Company Tracking Number:	AGLA 08455		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	AGLA 08455 Paid-Up Term Life Insurance Policy		
Project Name/Number:	AGLA 08455 Paid-Up Term Life Insurance Policy/AGLA 08455		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMGN-125727399 State: Arkansas
Filing Company: American General Life and Accident Insurance State Tracking Number: 39570
Company
Company Tracking Number: AGLA 08455
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: AGLA 08455 Paid-Up Term Life Insurance Policy
Project Name/Number: AGLA 08455 Paid-Up Term Life Insurance Policy/AGLA 08455

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

07/09/2008

Comments:

Attachments:

87-1.pdf

AGLA120Z49 REV0807.pdf

ARCERT1.pdf

ARCERT5.pdf

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

A Member Company of American International Group, Inc.

American General Center • Nashville, Tennessee 37250-0001

(615) 749-1523

Service for the attached policy will be provided by:

The Arkansas Department of Insurance has requested we provide you with the addresses and telephone numbers, as follow:

Customer Services
American General Life and Accident Insurance Company
American General Center - 305N
Nashville, Tennessee 37250
PH: 1-800-888-2452

State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904
PH: 1-800-852-5494

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

(please turn to back of page)

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

American General Life and Accident Insurance Company

A member company of American International Group, Inc.
American General Center • Nashville, Tennessee 37250-0001

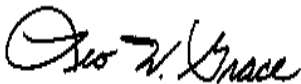


AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 08455 Paid-Up Term Life Insurance Policy

This is to certify that, to the best of my knowledge and belief, the subject form has achieved a Flesch Ease Score of 54.9 and complies with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

A handwritten signature in black ink, appearing to read "Leo W. Grace". The signature is fluid and cursive, with the first name "Leo" being more prominent.

Leo W. Grace
Vice President

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

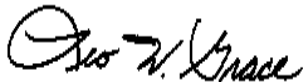
DATE: July 9, 2008

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 08455 Paid-Up Term Life Insurance Policy

This is to certify that the above form, to the best of my knowledge and belief, meets the provision of Arkansas Rule and Regulation 19 as well as all applicable requirements of the State of Arkansas Department of Insurance.

A handwritten signature in black ink, appearing to read "Leo W. Grace". The signature is fluid and cursive, with the first name "Leo" being more prominent.

Leo W. Grace
Vice President

DATE: July 9, 2008